

Multi-Ethnic Study of Atherosclerosis  
Exam 3



Health and Life

Self-Administered

Participant Id#:

Acrostic:

hlfdt3

Date:

  
Month  
Day  
Year

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This questionnaire asks about how you feel about your life. Things about people's lives may be important in understanding why they do or do not have health problems. Knowing about these things may help us understand the causes of heart disease better. **Do not spend too much time on any one question, and remember that there are no right or wrong answers.** We are interested in your feelings and opinions.

This questionnaire has several parts to it. At the beginning of each part there are instructions. If you do not understand the instructions or do not understand one of the questions please ask a member of our staff, who will be glad to help you. Do not leave a question blank unless you are instructed to skip to another question. Thank you for filling out this questionnaire.

- 1 Are you currently married or living with a partner?  Yes  No  
curmar3

For each of the following statements, please choose the one response that best describes you.

- |   | Almost Never          | Sometimes             | Often                 | Almost Always         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 2 A. I am quick tempered <b>qktemp3</b>                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. I have a fiery temper <b>frtemp3</b>                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. I am a hotheaded person <b>hothead3</b>                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. I get angry when I'm slowed down by others' mistakes <b>angry3</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Id#:**

For each of the following statements, please choose the one response that best describes you.

	Almost Never	Sometimes	Often	Almost Always
E. I feel annoyed when I am not given recognition for doing good work	<input type="radio"/> <b>annoyed3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
F. I fly off the handle	<input type="radio"/> <b>flyoff3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
G. When I get mad, I say nasty things	<input type="radio"/> <b>nasty3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
H. It makes me furious when I am criticized in front of others	<input type="radio"/> <b>furious3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
I. When I get frustrated, I feel like hitting someone	<input type="radio"/> <b>frushit3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
J. I feel infuriated when I do a good job and get a poor evaluation	<input type="radio"/> <b>infurat3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
K. I am a steady person	<input type="radio"/> <b>steady3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
L. I feel satisfied with myself	<input type="radio"/> <b>satisf3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
M. I feel nervous and restless	<input type="radio"/> <b>nervous3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
N. I wish I could be as happy as others seem to be	<input type="radio"/> <b>unhappy3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
O. I feel like a failure	<input type="radio"/> <b>failure3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
P. I get in a state of turmoil or tension as I think over my recent concerns and interests	<input type="radio"/> <b>secure3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Q. I feel secure	<input type="radio"/> <b>noconf3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
R. I lack self-confidence	<input type="radio"/> <b>inadeqt3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
S. I feel inadequate	<input type="radio"/> <b>worry3</b> <input type="radio"/>		<input type="radio"/>	<input type="radio"/>
T. I worry too much over something that does not matter				

Many people experience ongoing problems in their everyday lives. Please tell us whether any of the following has been a problem for you.

- 3** a. Serious ongoing health problem (yourself) **Yes**  **No**  **hprb1pt3**  
**IF YES:**  
 b. Has this been a problem for six months or more? **Yes**  **No**  **hprb2pt3**  
 c. Would you say this problem has been  
 Not very stressful  
 Moderately stressful  
 Very stressful
- 4** a. Serious ongoing health problem (someone close to you) **Yes**  **No**  **hprb1ot3**  
**IF YES:**  
 b. Has this been a problem for six months or more? **Yes**  **No**  **hprb2ot3**  
 c. Would you say this problem has been  
 Not very stressful  
 Moderately stressful  
 Very stressful
- 5** a. Ongoing difficulties with your job or ability to work **Yes**  **No**  **job1prb3**  
**IF YES:**  
 b. Has this been a problem for six months or more? **Yes**  **No**  **job2prb3**  
 c. Would you say this problem has been  
 Not very stressful  
 Moderately stressful  
 Very stressful
- 6** a. Ongoing financial strain **Yes**  **No**  **mon1prb3**  
**IF YES:**  
 b. Has this been a problem for six months or more? **Yes**  **No**  **mon2prb3**  
 c. Would you say this problem has been  
 Not very stressful  
 Moderately stressful  
 Very stressful
- 7** a. Ongoing difficulties in a relationship with someone close to you **Yes**  **No**  **rel1prb3**  
**IF YES:**  
 b. Has this been a problem for six months or more? **Yes**  **No**  **rel2prb3**  
 c. Would you say this problem has been  
 Not very stressful  
 Moderately stressful  
 Very stressful

**8** Below is a list of the ways you might have felt or behaved. Please indicate how often you felt this way **DURING THE PAST WEEK.**

	Rarely or none of the time (Less than 1 Day)	Some or a little of the time (1-2 Days)	A moderate amount of the time (3-4 Days)	Most of the time (5-7 Days)
A. I was bothered by things that don't usually bother me	<input type="radio"/> <b>bother3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I did not feel like eating; my appetite was poor	<input type="radio"/> <b>noteat3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. I felt that I could not shake off the blues, even with help from my family and friends	<input type="radio"/> <b>blue3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I felt that I was just as good as other people	<input type="radio"/> <b>asgood3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I had trouble keeping my mind on what I was doing	<input type="radio"/> <b>concntr3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I felt depressed	<input type="radio"/> <b>depress3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely or none of the time (Less than 1 Day)	Some or a little of the time (1-2 Days)	A moderate amount of the time (3-4 Days)	Most of the time (5-7 Days)
G. I felt that everything I did was an effort	<input type="radio"/> <b>effort3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. I felt hopeful about the future	<input type="radio"/> <b>hopeful3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. I thought my life had been a failure	<input type="radio"/> <b>lffail3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I felt fearful	<input type="radio"/> <b>fearful3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. My sleep was restless	<input type="radio"/> <b>badslp3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. I was happy	<input type="radio"/> <b>happy3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. I talked less than usual	<input type="radio"/> <b>lestalk3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. I felt lonely	<input type="radio"/> <b>lonely3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. People were unfriendly	<input type="radio"/> <b>unfrnly3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I enjoyed life	<input type="radio"/> <b>enjlife3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I had crying spells	<input type="radio"/> <b>cryspel3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of the ways you might have felt or behaved. Please tell me how often you felt this way **DURING THE PAST WEEK.**

		Rarely or none of the time (Less than 1 Day)	Some or a little of the time (1-2 Days)	A moderate amount of the time (3-4 Days)	Most of the time (5-7 Days)
R.	I felt sad	<b>sad3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S.	I felt that people dislike me	<b>dislikd3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T.	I could not "get going"	<b>getgoi3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read the following questions and mark the answer that best describes your life now.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
<b>9</b>	Is there someone available to you whom you can count on to listen to you when you need to talk?	<b>talkto3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10</b>	Is there someone available to give you good advice about a problem?	<b>advice3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11</b>	Is there someone available to you who shows you love and affection?	<b>affectn3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b>	Is there someone available to help you with daily chores?	<b>hlpchr3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b>	Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	<b>emospt3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b>	Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	<b>confide3</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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